

# DEKALB COUNTY BOARD OF ETHICS

c/o Clerk of the Governing Authority  
Manuel J. Maloof Center  
1300 Commerce Drive  
Decatur, Georgia 30030

## COMPLAINT or REQUEST FOR ADVISORY OPINION

*Please complete the following information, sign, and mail to the above address. This document must be signed and received by the Board of Ethics no later than seven (7) days prior to a scheduled meeting in order to be considered at that meeting.*

1. Name of the individual filing the complaint:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone number: (     ) \_\_\_\_\_

Evening phone number: (     ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

2. Name and organization of the member of the governing authority against whom the complaint is being filed:

Name: \_\_\_\_\_

Board: \_\_\_\_\_

3. Ethics violation which is alleged against the member of the governing authority:  
(attach additional pages if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Or,** request for advisory opinion concerning the following issue:  
(attach additional pages if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I hereby request that the Board of Ethics consider this complaint or request for an advisory opinion, and certify that the above information is true and correct to the best of my knowledge.*

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_